

PROOF OF CLAIM

Name of Debtor

Debit Corporation of America, Inc.

Case Number

04-14360 - BKC - AJC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))

IMPORTANT: THIS CLAIM FORM
SHOULD ONLY BE USED BY THE
CREDITOR WHOSE NAME IS
PRINTED ON THIS CLAIM FORM.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Sasha Dulkerian

Name and Address where notices should be sent:

Sasha Dulkerian
5068 Colina Way
Sierra Vista AZ 85635-5771

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 505-264-6028

Account or other number by which creditor identifies debtor:
(If SS# only list last 4 digits of SS#): 4023

Check here if
this claim

☐ replaces

☐ amends

a previously filed claim, dated _____

1. Basis for Claim

☐ Goods sold

☐ Services performed

☒ Money loaned

☐ Personal injury/wrongful death

☐ Taxes

☒ Other Down Payment

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Wages, salaries, and compensation (fill out below)

Last four digits of SS #: XXX-XX-4023

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred:

8/03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ None 0 + 0 + 1,000 = \$1,000
(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral including a right of setoff.

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ 1,000

☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 1,000

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☒ Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

THIS SPACE IS FOR COURT USE ONLY

Date

6/14/2004

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Sasha Dulkerian / SASHA DULKERIAN

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

To: UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

From: Sasha Dulkarian

CASE #: 04-14360-BKC-AJC

Debtor: Debit Corporation of America

This letter is for the explain my sending proof of claim form in at this time without the required #9 "supporting Documents". The Debtor in the summer of 2003 asked for a deposit of \$1,000 U.S. to reserve a business location in my state. The rep. From the company promised me the Money was refundable if I was unable to secure the balance to start the business. The payment Was made with a check, that is a Capital One check from one of my credit cards that I have with Capital one. I will try to track down proof of this transaction and get the Court and or Trustee A copy as needed as soon as possible. Thank You

Sasha Dulkarian

6/14/04